Operational Stress Control And Readiness (OSCAR)

# USMC OSCAR Program

## 2010 Navy/USMC COSC Conference

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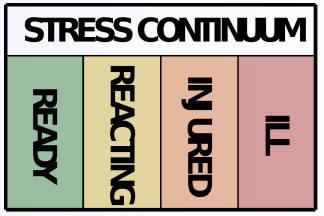
Operational Stress Control And Readiness (OSCAR)

# Background




- **Combat operational stress can happen to the strongest Marine or Sailor**
- **Many problems can result from stress**
  - **Job performance problems**
  - **Family problems**
  - **Uncharacteristic alcohol and drug abuse**
  - **Uncharacteristic misconduct**
  - **Mental Health problems**
  - **Suicidal behavior**
- **Stress problems impact:**
  - **Force preservation**
  - **Mission readiness**
  - **Long-term health**
- **Most stress problems do not need to become mental health problems**
- **Early intervention saves you time**
- **OSCAR is a tool for leaders to prevent and manage stress in their units**

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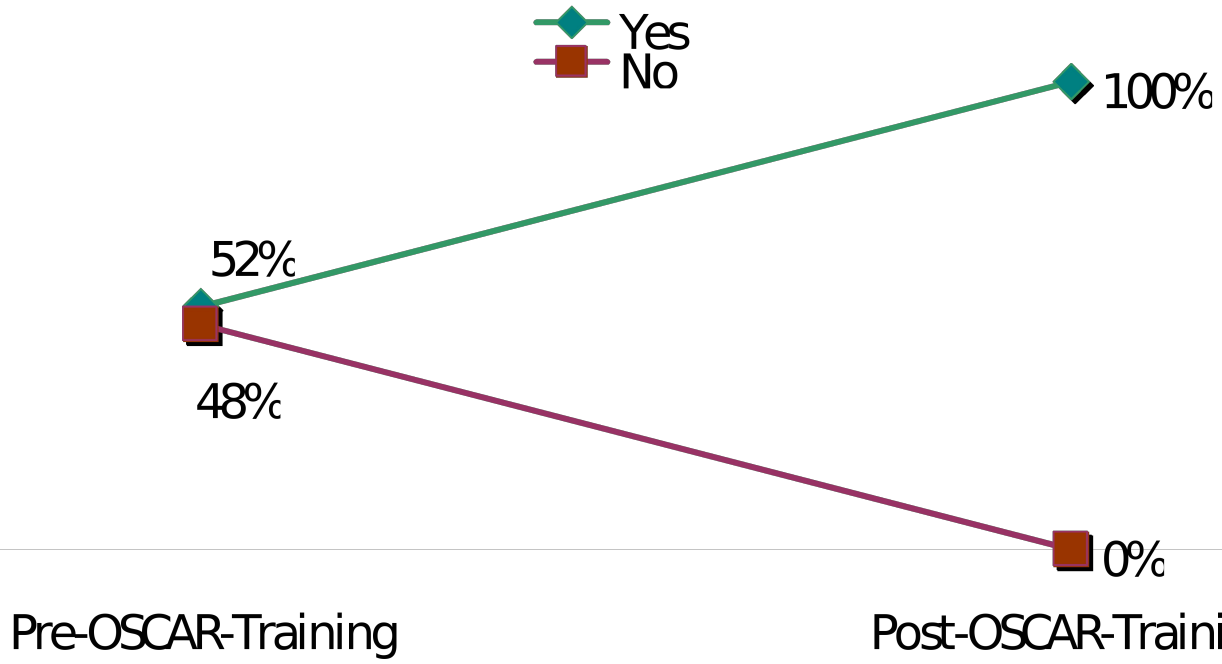
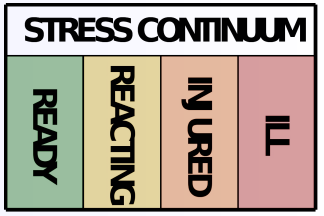
# OSCAR Efficacy

STRESS CONTINUUM: READY | REACTING | INJURED | ILL

**Do you have the tools you need to help *identify and manage* combat operational stress in your Marines?**



# OSCAR Testimonials




**This training, if it saves even one Marine or Sailor, it will be cost effective. I tell you now - OSCAR is cost effective, ten times over.**

**– SgtMaj, 1st Marine Division**

**Stress impacts every Marine differently over time. Some get help and some find other ways. For me, I'd love to have some of my friends back.**

**– 1stSgt, 11th Marine Regiment**

**Collaboration amongst brothers is sometimes all you need.**

**– SgtMaj, 7th Marine Regiment**

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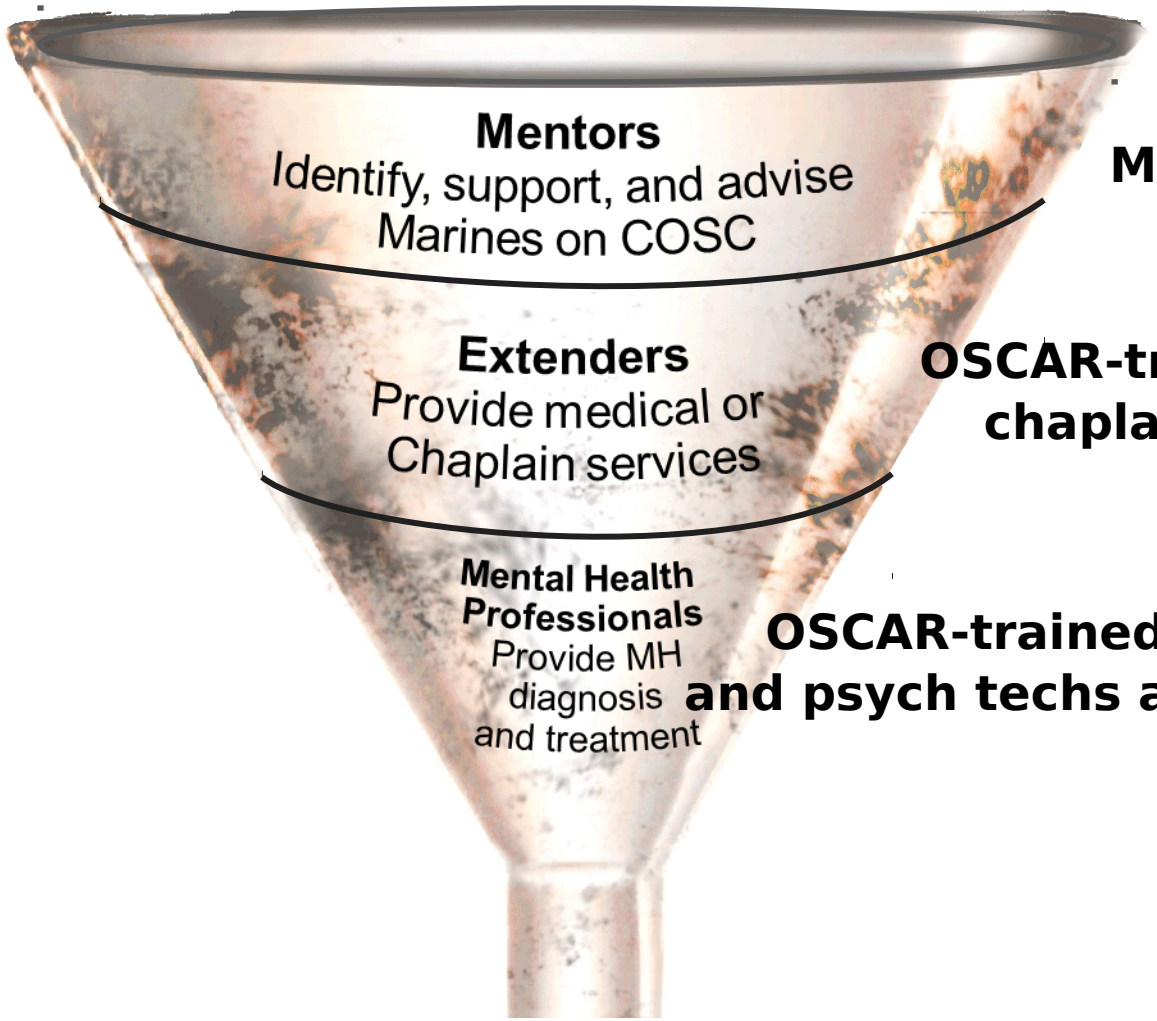
# How OSCAR Teams Work

STRESS CONTINUUM: READY | REACTING | INJURED | ILL




**OSCAR-trained Marine leaders and peers (Collateral)**

**OSCAR-trained medical provider chaplains, corpsmen, and RPs (Collateral)**

**OSCAR-trained mental health provider and psych techs assigned to operational (Full-time)**

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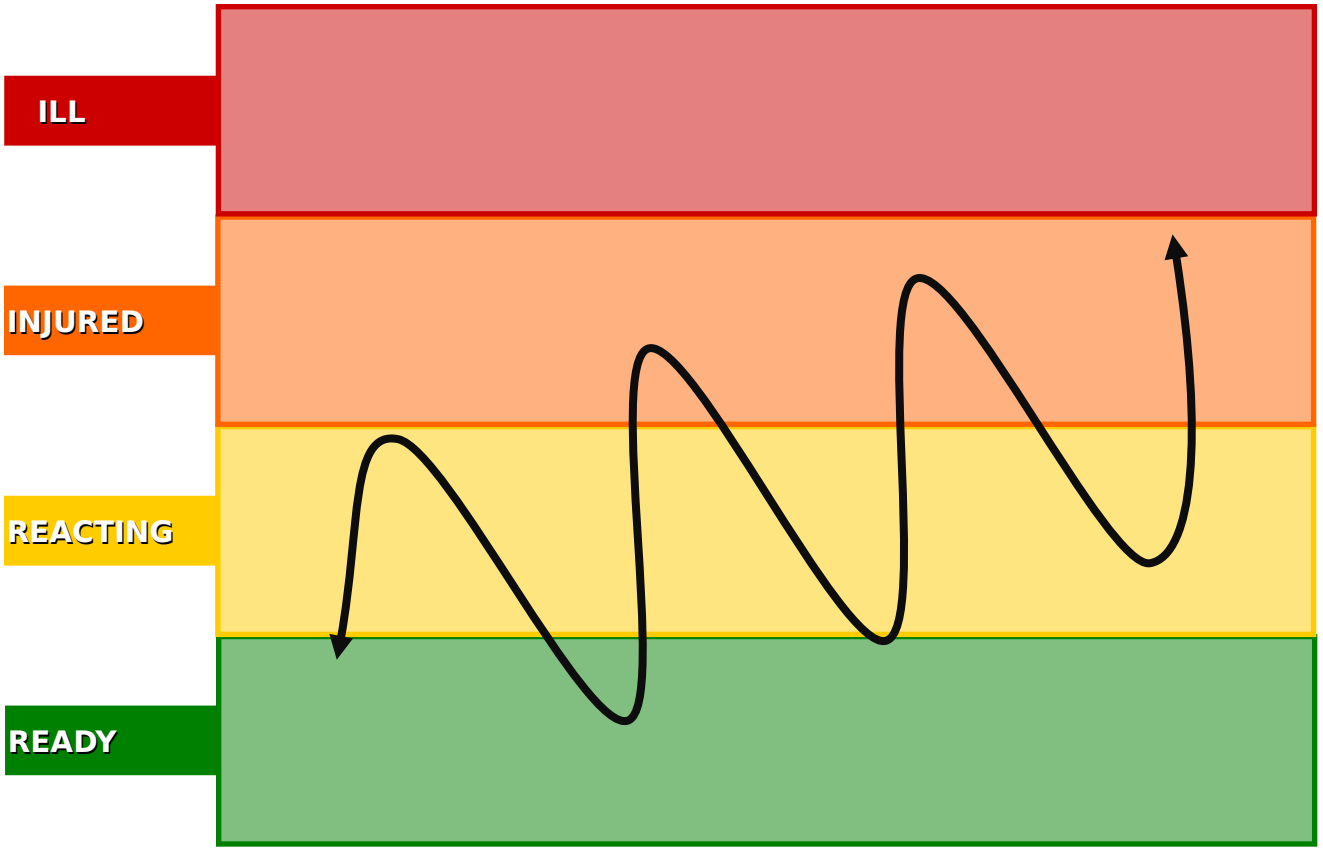
# Practical Knowledge: Stress Can Be Good

STRESS CONTINUUM

READY | REACTING | INJURED | ILL



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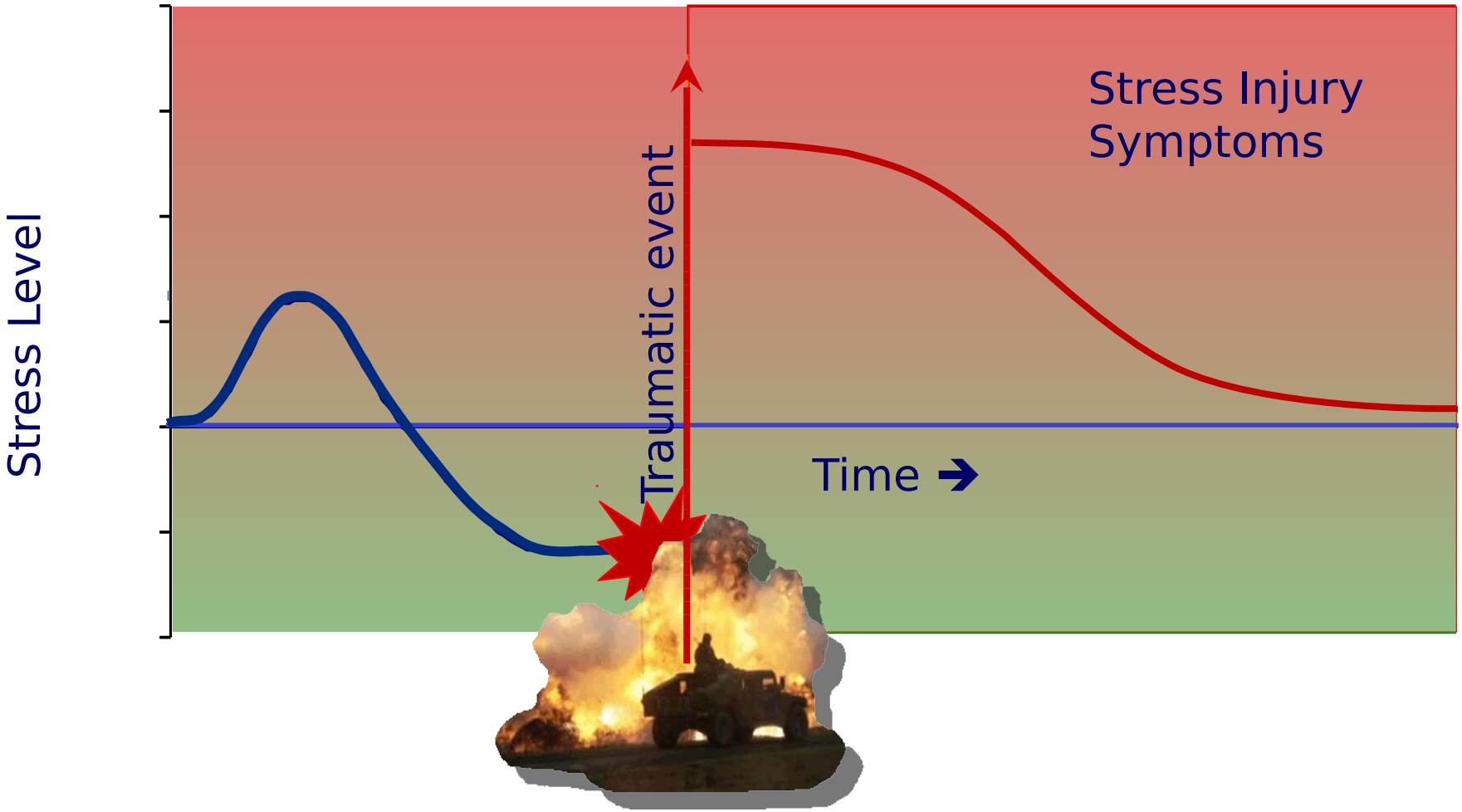
# Practical Knowledge: Causes of Stress Problems

STRESS CONTINUUM

READY | REACTING | INJURED | ILL



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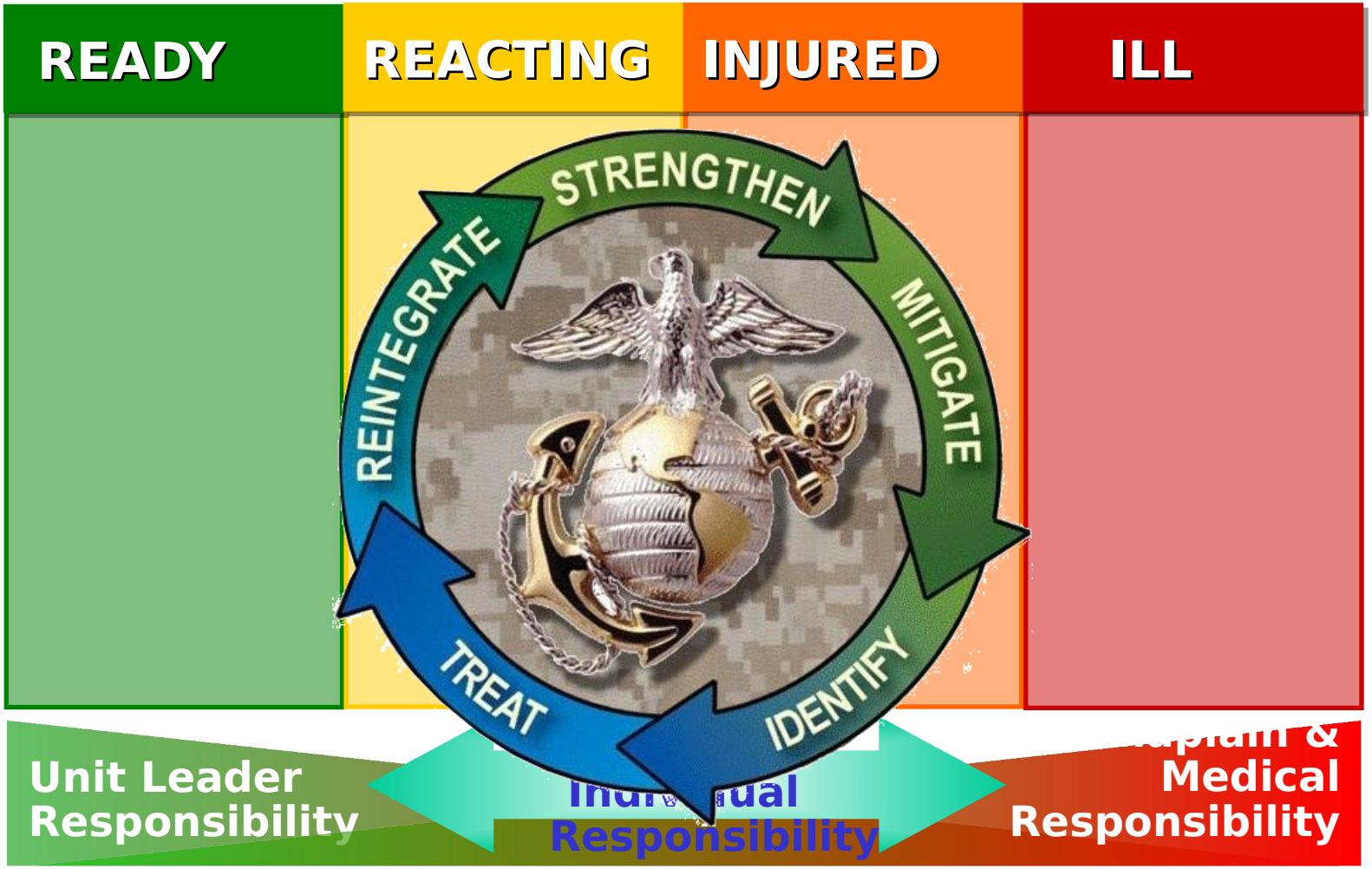
# Practical Tools: Core Leader Functions and Stress Continuum

STRESS CONTINUUM: READY | REACTING | INJURED | ILL



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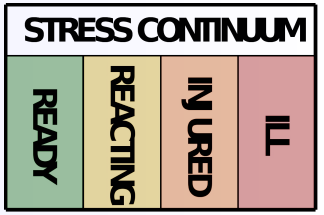
# Practical Tools: Stress Decision Flowchart




*Green Zone (Ready):*
•Continue to monitor for signs of distress or loss of function

Marine Under Stress

**Are there signs of *DISTRESS* or *LOSS OF FUNCTION*?**

**Is the distress or loss of function *SEVERE*?**

**Has the distress or loss of function *PERSISTED*?**

| IDENTIFY | TAKE ACTION |
|---|---|
| *Yellow Zone (Reacting):* | |
| Distress or Loss of Function:<br>•Difficulty relaxing and sleeping<br>•Loss of interest in social or recreational activities<br>•Unusual and excessive fear, worry, or anger<br>•Recurrent nightmares or troubling memories<br>•Hyperactive startle responses to noises<br>•Difficulty performing normal duties<br>•Any change from normal personality | • Ensure adequate sleep & rest<br>• Manage home-front stressors<br>• Discussions in small units<br>• If problem worsens, discuss with senior Mentors or Extenders |
| *Orange Zone (Injured):* | |
| *SEVERE* Distress or Loss of Function:<br>•Inability to fall asleep or stay asleep<br>•Withdrawal from social or recreational activities<br>•Uncharacteristic outbursts of rage or panic<br>•Nightmares or memories that increase heart rate<br>•Inability to control emotions<br>•Serious suicidal or homicidal thoughts<br>•Loss of usual concern for moral values | • Keep safe and calm<br>• Rest & recuperation 24-72 hrs.<br>• Refer to medical or chaplain<br>• Mentor back to full duty and function |
| *Red Zone (Ill):* | |
| *PERSISTENT* Distress or Loss of Function:<br>•Stress problems that last for more than several weeks post-deployment<br>•Stress problems that don't get better over time<br>•Stress problems that get worse over time | • Refer to medical<br>• Ensure treatment compliance<br>• Mentor back to duty if possible<br>• Reintegrate with unit |

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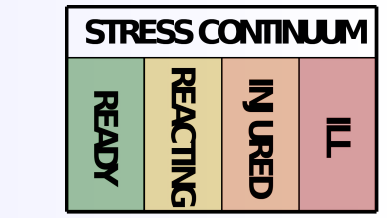
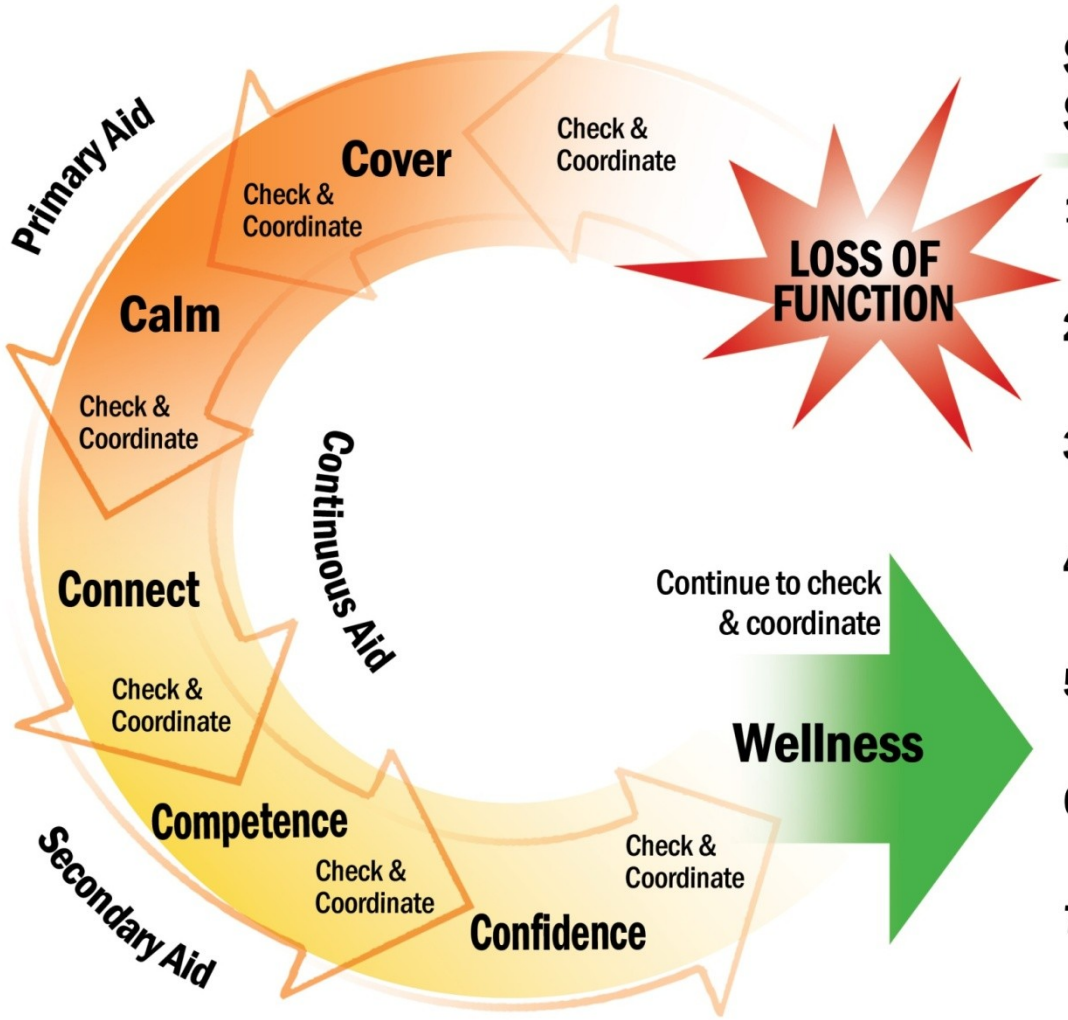
# Practical Tools: COSFA




## Seven Cs of Stress First Aid:

1. **CHECK**
   Assess: observe and listen
2. **COORDINATE**
   Get help, refer as needed
3. **COVER**
   Get to safety ASAP
4. **CALM**
   Relax, slow down, refocus
5. **CONNECT**
   Get support from others
6. **COMPETENCE**
   Restore effectiveness
7. **CONFIDENCE**
   Restore self-esteem

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# Practical Tools: AARs for COSC

STRESS CONTINUUM

| READY | REACTING | INJURED | ILL |
|---|---|---|---|

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# Practical Skills: OSCAR Listening and Intervention

STRESS CONTINUUM

| READY | REACTING | INJURED | ILL |
|---|---|---|---|

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# Practical Knowledge: Working with Medical Providers

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# Practical Tools: Checklists and Assessments

STRESS CONTINUUM: READY | REACTING | INJURED | ILL

## Resilience Training Checklist

**TRAINING FOR RESILIENCE CHECKLIST**

- ☐ Is the training REALISTIC and RELEVANT?
  - ☐ Will the training allow unit members to master the same SPECIFIC CHALLENGES they will probably face during deployment?
  - ☐ Will the training occur in an ENVIRONMENT that mimics the SIGHTS, SOUNDS, and SMELLS they will experience during deployment?
  - ☐ Will the training prepare unit members so thoroughly that there will be FEW SURPRISES during deployment?
- ☐ Will the training encourage unit members to develop NEW SKILLS & COMPETENCIES?
  - ☐ Will the training PUSH unit members BEYOND their CURRENT level of KNOWLEDGE and SKILL?
  - ☐ Will the INCREASE in knowledge and skill continue STEPWISE during training?
- ☐ Will the training provide experiences of SUCCESS and MASTERY?
  - ☐ Will the training set expectations that will be TOUGH but ACHIEVABLE?
  - ☐ Will unit members be able to KEEP TRYING until they MASTER each challenge?
- ☐ Will the training encourage unit members to SOLVE PROBLEMS in UNFAMILIAR situations?
  - ☐ Does the training include opportunities to THINK, PLAN, and DECIDE, as well as to respond to known situations with rehearsed patterns of action?
  - ☐ Will the training encourage TEAM PROBLEM SOLVING?
- ☐ Will the training INOCULATE unit members to likely INTENSE operational STRESSORS?
  - ☐ If unit members may face life threat during deployment, does training mimic LIFE THREAT in a subdued, tolerable form?
  - ☐ If unit members may face the AFTERMATH of VIOLENCE during deployment, does training include exposure to the sights, sounds, and smells of death or injury?

## Stress Mitigation Checklist

| | Resource Category | Stressors to Attack | How to Attack These Stressors | How to Replenish This Resource |
|---|---|---|---|---|
| PHYSICAL | ☐ Health and Wellbeing | ☐ Sleep deprivation<br>☐ Overexposure to harsh weather<br>☐ Injuries<br>☐ Illnesses | ☐ Sleep discipline<br>☐ Protective equipment<br>☐ Safety precautions<br>☐ Monitor health and well being | ☐ Rest and down time<br>☐ Physical fitness<br>☐ Training in hygiene and self care<br>☐ Attend to quality of life everywhere |
| | ☐ Personal Space & Possessions | ☐ Loss of income<br>☐ Family breakups<br>☐ Loss of personal space | ☐ Help SMs / FMs plan for losses of income<br>☐ Inform SMs about deployment schedule<br>☐ Protect personal possessions & space | ☐ Support families throughout deployments<br>☐ Allow time & communication with family<br>☐ Allow time for moonlighting if warranted |
| MENTAL & EMOTIONAL | ☐ Safety and Security | ☐ Life threat situations<br>☐ Handling bodies and body parts<br>☐ Unexpected attacks (e.g., IEDs)<br>☐ Being in passive or helpless positions | ☐ Minimize close-up experience of death<br>☐ After-action reviews to restore confidence<br>☐ Prepare for the unexpected<br>☐ Enhance physical safety and security | ☐ Model courage during life threat<br>☐ Maintain unit cohesion as a fear antidote<br>☐ Train and retrain to increase confidence<br>☐ Keep SMs & FMs active, not passive |
| | ☐ Morale | ☐ Prolonged or repeated deployments<br>☐ Abusive or inconsistent leadership<br>☐ Boredom, lack of accomplishment<br>☐ Not enough information getting to SMs | ☐ Get SMs home as soon as you can<br>☐ Be honest about schedule changes<br>☐ Listen to your Marines, Sailors, and FMs<br>☐ Set & achieve realistic goals continuously | ☐ Vary routines and assignments<br>☐ Rejuvenating unit activities<br>☐ Explain meaning and value of mission<br>☐ Reward accomplishments |
| | ☐ Pride and Self Esteem | ☐ Failures or mistakes<br>☐ Excessive self blame (e.g., guilt)<br>☐ Scapegoating or social shunning | ☐ Mentor correction of mistakes with honor<br>☐ Anticipate and limit self-blame<br>☐ Mentor misfits fully into or out of unit | ☐ Reward individual and unit achievements<br>☐ Share praise and blame appropriately<br>☐ Match responsibilities to abilities |
| SOCIAL | ☐ Peer Support | ☐ UMs joining late or leaving early<br>☐ Leadership turnover<br>☐ Ethical violations by UMs<br>☐ Hazing by peers or abuse by leaders | ☐ Keep UMs who transfer out part of unit<br>☐ Ensure leadership continuity<br>☐ Enforce ethics and Law of War<br>☐ Zero tolerance for hazing or abuse | ☐ Vertical & horizontal communication<br>☐ Consistency of leadership<br>☐ Shared adversity and sacrifices<br>☐ Shared achievements and victories |
| | ☐ Family Support | ☐ Irresolvable family conflicts<br>☐ Family or relationship breakups<br>☐ Injuries or illnesses in FMs | ☐ Solve FM problems before deployments<br>☐ Teach coping & communication skills<br>☐ Train FMs to recognize stress injuries | ☐ Treat FMs like important parts of unit<br>☐ Support families throughout deployments<br>☐ Keep communication lines open |
| SPIRITUAL | ☐ Meaning and Trust in Values | ☐ Ethical violations that go unaddressed<br>☐ Not adequately honoring the fallen<br>☐ Events that violate logical expectations<br>☐ Leader failing to correct own mistakes | ☐ Teach and model moral courage<br>☐ Live by Core Values<br>☐ Memorials and ceremonies to honor dead<br>☐ After-action reviews to restore meaning | ☐ Vertical & horizontal communication<br>☐ Include ethics in all training<br>☐ Ensure commitment goes both ways<br>☐ Keep Core Values in sight |
| | ☐ Faith | ☐ Events that contradict beliefs<br>☐ Betrayals of trust by leaders or peers<br>☐ Moral dilemmas | ☐ Restore trust and belief in "goodness"<br>☐ Model compassion and forgiveness<br>☐ Mentor resolution of moral dilemmas | ☐ Encourage spirituality and religion in unit<br>☐ Model faith and spirituality<br>☐ Encourage tolerance for faith spectrum |

MCRP 6-11C/NTTP 1-15M, Combat and Operational Stress Control — Appendix D

## Psychological Fitness Checklist

**Sources of Information and Factors For Commanders to Determine Psychological Fitness**

| Source of information: | | Medical and Mental Health Personnel | Chain of Command and Chaplains | Peers and Family Members | Service Members, Themselves |
|---|---|---|---|---|---|
| Service Member Is Psychologically Fit and Deployable If: | In Spite of a Stress Injury or Illness: | ☐ SM meets medical standards for retention<br>☐ Is SM is currently not significantly impaired in performance of duties due to stress injury or illness symptoms<br>☐ The expected demands of future deployments are not likely to cause SM to become significantly impaired<br>☐ SM is motivated<br>☐ Medical personnel are OK deploying with SM | ☐ SM has demonstrated competency in all essential knowledge, skills, and attitudes throughout recent training<br>☐ SM is confident in their own abilities, and in leaders, peers and equipment<br>☐ If SM is not now fully competent or confident, these can be regained in near future<br>☐ SM is trusted by other members of their team<br>☐ SM contributes positively to cohesion and morale<br>☐ SM displays adequate leadership skills<br>☐ SM is motivated<br>☐ Chain of command trusts SM | ☐ SM has not demonstrated any unsafe behaviors (e.g., strong suicidal thoughts or violent impulses)<br>☐ SM is not drinking excessively or engaging in any other dangerous behavior<br>☐ SM appears to those most familiar with him or her to have returned to their normal or usual self<br>☐ Peers and family members are comfortable living and working with SM | ☐ SM feels confident in their ability to perform effectively and remain well<br>☐ SM is motivated to remain on active duty and deploy |
| | In Spite of Mental Health Treatment: | ☐ Needed psychotherapy treatment will be concluded within 6-12 mos<br>☐ Current medications do not cause potentially impairing side effects<br>☐ Current medications are on a stable dosage (e.g., 3 months or more)<br>☐ Medication is safe to take on deployment<br>☐ No risk for serious withdrawal symptoms if medication is stopped<br>☐ No risk for serious worsening of symptoms if treatment is stopped | ☐ SM is compliant with all prescribed treatments<br>☐ Chain of command is OK with SM taking prescribed medications during deployment | | |

## Deployment Health Assessments

10. Did you encounter dead bodies or see people killed or wounded during this deployment? *(Mark all that apply)*
    ○ No ○ Yes ( ○ Enemy ○ Coalition ○ Civilian )
11. Were you engaged in direct combat where you discharged a weapon?
    ○ No ○ Yes ( ○ land ○ sea ○ air )
12. During this deployment, did you ever feel that you were in great danger of being killed?
    ○ No ○ Yes
13. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....
    a. Have had nightmares about it or thought about it when you did not want to? ○ No ○ Yes
    b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? ○ No ○ Yes
    c. Were constantly on guard, watchful, or easily startled? ○ No ○ Yes
    d. Felt numb or detached from others, activities, or your surroundings? ○ No ○ Yes
14. Over the PAST MONTH, have you been bothered by the following problems?

| | Not at all | Few or several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| a. Little interest or pleasure in doing things | ○ | ○ | ○ | ○ |
| b. Feeling down, depressed, or hopeless | ○ | ○ | ○ | ○ |

15. Alcohol is occasionally available during deployments, e.g., R&R, port call, etc. Prior to deploying or during this deployment:
    a. Did you use alcohol more than you meant to? ○ No ○ Yes
    b. Have you felt that you wanted to or needed to cut down on your drinking? ○ No ○ Yes
    c. How often do you have a drink containing alcohol?
    ○ Never ○ Monthly or less ○ 2 to 4 times a month ○ 2 to 3 times a week ○ 4 or more times a week
    d. How many drinks containing alcohol do you have on a typical day when you are drinking?
    ○ 1 or 2 ○ 3 or 4 ○ 5 or 6 ○ 7 to 9 ○ 10 or more
    e. How often do you have six or more drinks on one occasion?
    ○ Never ○ Less than monthly ○ Monthly ○ Weekly ○ Daily

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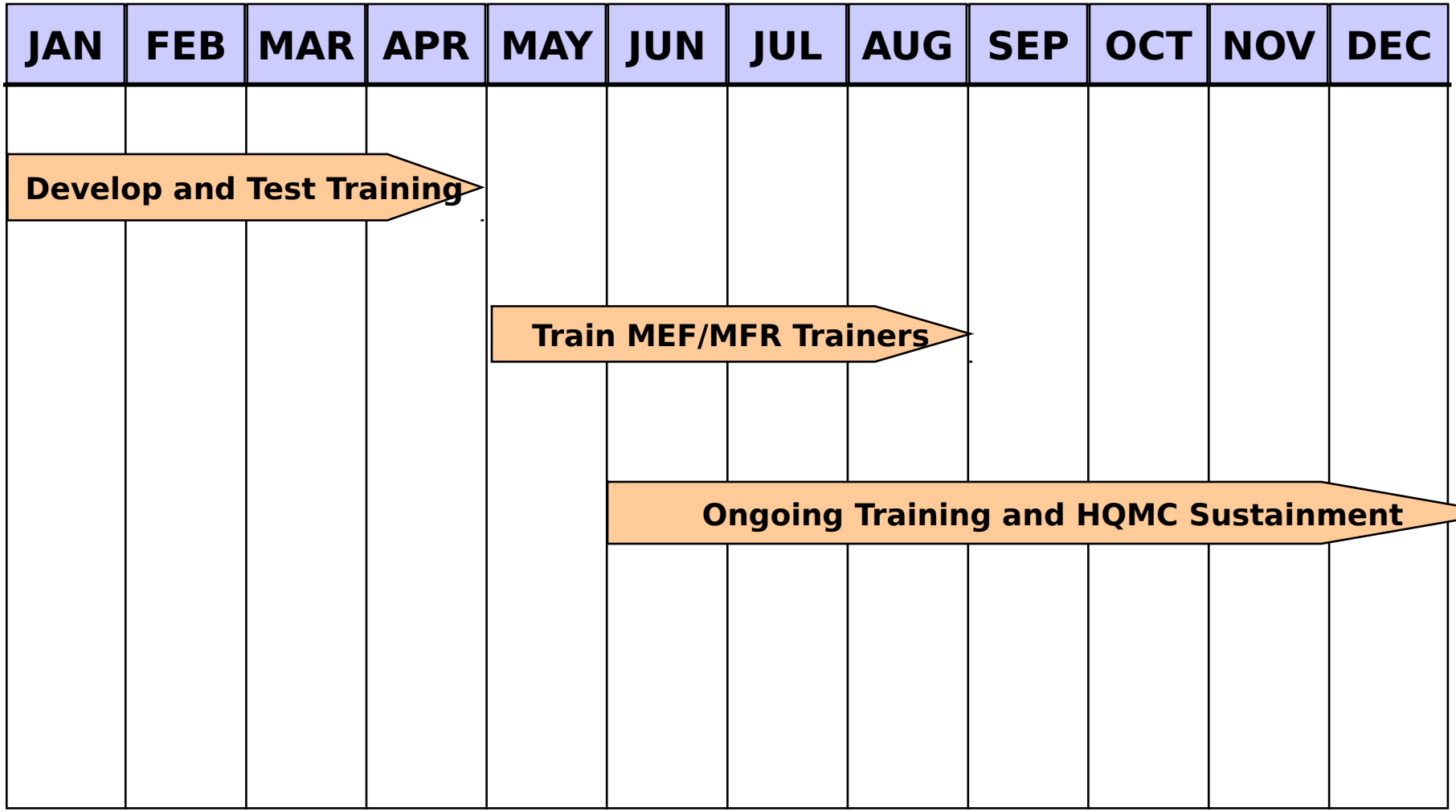
# Implementation Schedule

STRESS CONTINUUM: READY | REACTING | INJURED | ILL

## CY 2010



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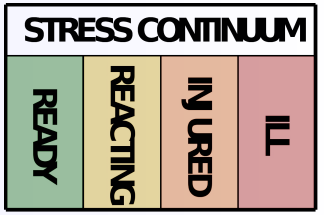
# Training Requirements




- **Command OSCAR Team Training**
  - Approx 50 Marines and Sailors from each battalion (or equivalent)
  - Takes 1 day
- **Trainers**
  - Approx 100 to be trained for each MEF and MARFORRES
  - Takes 1 week
  - Best trainers become OSCAR Master Trainers
- **Timeline**
  - I MEF: May
  - II MEF: June
  - III MEF: July
  - MARFORRES: August

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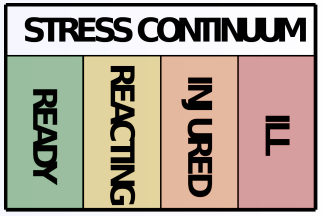
# Sustainment




- **Program management and oversight**
  - **Staffing, compliance, quality, basic training, annual updates**
- **Training for Navy specialists**
  - **Medical providers, chaplains, corpsmen, RPs**
  - **BUMED, Chief of Chaplains, TECOM**
- **Advanced courses for Marine OSCAR Mentors**
  - **Higher level knowledge, skills, and techniques**
- **Program updates**
  - **New tools, best practices, and resources**
- **Similar program for families and spouses**
  - **Early identification and intervention skills**
- **Program evaluation**
  - **Training team metrics, RAND Corp longitudinal study**

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# Questions? Comments?

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